



Director's Advisory Council (DAC) on Local Public Health Meeting

**November 19, 2014
MINUTES**

ATTENDEES

MEMBERS

Nicholas Hughey (in person)	Doug Dodson (phone)
Larry Jones (in person)	Brett Siefert (phone)
Becky Hunt (in person)	Elizabeth Gibson (in person)
Stacey Cox (in person)	Bruce Jenkins (in person)
Jodi Waltman (in person)	Dan Pekarek (phone)
Rhonda Suter (in person)	

PRESENTERS

Gail Vasterling
Harold Kirbey
Nick Hughey
Becky Hunt
Susan Thomas
Jeff Zoellner

Gary Zaborac, Angie Hittson, Bert Malone, Jackie McCoy (Recorder), and 14 additional guests were also in attendance.

TOPIC	DISCUSSION	ACTION
Welcome and Introductions <i>Becky Hunt, DAC Chair, Administrator, Madison County Health Department</i>	The meeting was called to order by Becky Hunt, Chair, followed by a welcome and introductions.	
PHAB Accreditation and Strategic Planning <i>Susan Thomas, Office of Performance Management</i>	Susan announced that all the paperwork and documentation was submitted by DHSS to the Public Health Accreditation Board (PHAB) three weeks ago. The next step is an on-site visit where the accreditation review team will come to DHSS and discuss with staff and stakeholders the documentation submitted against the PHAB standards. An employee celebration for accomplishing this milestone process is set for Friday, November 21. Susan reminded members that the PHAB Exchange Workgroup is open for local public health departments (LPHAs) who are interested in quality improvement or accreditation preparation, state or federal. The group meets quarterly; if anyone is interested in joining, please contact Brenda Buschjost at Brenda.Buschjost@health.mo.gov . The Department has also been going through a	

	<p>Strategic Planning process. Since the completion of the State Health Assessment and State Health Improvement Plan, it was time to align the Strategic Plan. Susan shared the attached DHSS Strategic Map 2014-2017. DHSS focus areas for Year One are: <i>Recruitment/Retention of the Workforce, Department Cohesion, Access to Care and Childhood Obesity</i>. Suggestions/feedback Susan received from the DAC were:</p> <ul style="list-style-type: none"> • job experience, requirement, and qualifications to look similar to LPHA job descriptions to advance progression of career tracking • important to work with schools and universities • advanced capabilities could be the answer to loss of staff to job opportunities outside state agencies • focus on cross-cutting/overarching strength and partnership of public health • relook at the roles of state and local environmental and communicable disease protection staff • may need to consider basic public health role training for all employees as many staff do not have this as part of their educational background 	DHSS Strategic Map 2014-2017 Attachment
<p>Budget Update <i>Gail Vasterling, Director, Department of Health and Senior Services</i></p>	<p>Director Vasterling announced that the \$3.2M in core public health restriction has been released due the improving Missouri economy and because the legislature didn't override the Governor's veto on most of the special sales tax exemptions passed on the final day of session. The Department has submitted its FY2016 budget by the October 1 deadline. The Director met with the Office of Administration, Division of Budget and Planning on November 3. Director Vasterling previously informed the DAC that the department was instructed not to request anything beside core budget items and mandatory spending increases. The Governor will release his budget recommendations in January when he delivers the State of the State Address. Gail informed the group that Steven Ramsey will be joining the Director's Office on</p>	

	November 24, 2014 as the new Legislative Liaison.	
Tracking Ebola <i>Harold Kirby,</i> <i>Director, Division of</i> <i>Community and</i> <i>Public Health</i>	<p>The U.S. Division of Global Migration and Quarantine along with Borders and Customs are identifying individuals traveling from affected areas to five major airports in the United States. Screening includes temperature check, Ebola risk assessment, evaluation and the individual's contact information. Harold thanked Kansas City for their tremendous patience in this developing process as the first case was monitored. At this time DHSS is tracking eight low risk patients. When a potential patient is announced, DHSS reaches out to the local public health agency to share the individuals' information, and work with them to daily monitor, and conduct face-to-face visits every other day. The patient is given a thermometer and is asked to abstain from attending community events until the 21 day period is over. DHSS has been in contact with the larger healthcare systems in Missouri and they do not want to be designated as the Ebola facility for the state, given the experience of lost hospital revenue in Texas. Also, the cost of providing care exceeds revenues, even if the patient is insured. The attached flowchart articulates to partners the involvement of public health in monitoring. It's hoped that it will help ease some fears by letting them know the process that would be used and communication that would occur. The goal is that a patient not present at a facility unprepared to care for them at the level of care needed. Harold believes this approach will best fit the state's needs and keeps the LPHAs from being responsible for putting an Ebola patient in their facility. Dr. George Turabelidze has been available for consults and telephone calls.</p> <p>The group had the conversation regarding the Personal Protective Equipment (PPE) standards for the LPHAs and DHSS and training needed. There was discussion about balancing the media hysteria with educating staff about the relative risk of the disease so that the level of PPE use is appropriate to the guidelines. Discussion was</p>	DHSS Ebola Tracking and Referral Process Attachment

<p>New Omniscircular for Grants Management <i>Harold Kirby,</i> <i>Director, Division of Community and Public Health and</i> <i>Jeff Zoellner, OFABS</i></p>	<p>that the standards should most safeguard staff and that it might be helpful for DHSS to form a workgroup with LPHAs to develop protocols based on risks of different communicable diseases.</p> <p>As shared previously, in December 2013 the Office of Management and Budget (OMB) s issued a new “Omniscircular” or “Supercircular” for federal grants management. Federal agencies had until December 26, 2014 to adopt guidelines, which are yet to be released. The Uniform Guidance consolidates eight grant circulars into a single document that creates uniform requirements, with only minor exceptions, for all recipient entities. Federal agencies have until December 26, 2014 to develop implementation requirements. DHSS is continuing to review the circular to determine the impacts to the department’s processes and how we will implement changes. As subrecipients of the department, LPHAs will be impacted by this Uniform Guidance change. Some of the major areas identified include:</p> <ul style="list-style-type: none"> • determining allowable indirect or administrative rates, • obtaining federal agency approval for using fixed price contracts, • certifying compliance with a variety of provisions such as conflict of interest, internal control plans, protecting personally identifiable information, etc. • single audit requirements will change from requirement at \$500,000 to \$750,000, • additional questions may be added to the annual Business Management Assessment completed by contractors, and • a standard verification statement on the invoice may be needed. 	
<p>CHIP HSI Cap <i>Harold Kirby,</i> <i>Director, Division of Community and</i></p>	<p>Harold informed the DAC that the CHIP HSI is at its maximum level at \$7.2M at least for the next two years. The Department of Social Services (DSS) is using additional money for implementation of the MEDES system. If we</p>	

<p><i>Public Health</i></p> <p>2015 DHSS/LPHA Public Health Conference <i>Harold Kirby, Director, Division of Community and Public Health and Jo Anderson, Director, Center for Local Public Health Services</i></p>	<p>have the opportunity to seek additional covered services we will. At this time, DSS doesn't plan on doing a state plan adjustment.</p> <p>Harold announced that the 2015 DHSS/LPHA Public Health Conference will be held on March 18 & 19. This will be an opportunity for local and state public health agencies for learning and discussion toward gaining a clear vision of where we are going with public health together and to get to know one another. Harold would like to see breakouts focused on different areas to give time for state and local public health professionals to come together for technical assistance and learning but to also have discussions to help inform policy at the state level. Jo mentioned that an informal social/networking session is being planned for the first evening of the conference. The DAC provided the following suggestions are:</p> <ul style="list-style-type: none"> • find a sponsor to provide drinks (vaccine provider) • make it an hour and not any longer • off-site get together later in the evening <p>Jo Anderson asked the group for ideas on breakout session topics. Suggestions included:</p> <ul style="list-style-type: none"> • In addition to conversation regarding needed PPE based on communicable disease, how to message appropriately to the public and staff • avoid having Communicable Disease – TB and Public Health Nursing Manual – Professional Development in the same session • have a discussion of how would LPHAs plan for quarantine for diseases such as Ebola , considering funding and other resources for workforce to conduct disease contact tracing; what local agencies are available to provide food, housing, etc. support? Do LPHAs need a reserve fund for these types of activities? • how to conduct an outbreak investigation beginning with the development of investigation questionnaire 	<p>Draft 2015 LPHA Public Health Conference Agenda Attachment</p>
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<p>Participation Agreement Funding Distribution Discussion <i>Harold Kirbey, Director, Division of Community and Public Health and Jeff Zoellner, OFABS</i></p>	<ul style="list-style-type: none"> • discuss the reportable diseases in the state – do we need all of them • basics of public health pyramid and why the need to move down to policy changes vs. individual counseling • environmental community assessment training—how do we use the information in the Environmental Public Health Tracking database to develop for our county • how do we better protect the public from food borne outbreaks – recording and documenting • use networking time to allow for discussion among health departments on grant opportunities they’ve used to support/expand services. <p>Harold feels that progress has been made but asked for feedback on two things to make sure we are headed in the right direction. Please discuss with the LPHAs in your Region and send Harold an e-mail.</p> <ol style="list-style-type: none"> 1) Originally there was some concern regarding the participation agreement being broad. We want to invest in local public health; all which LPHAs do is important. We want the money to be used in the way most appropriate to protect public health in all jurisdictions. Is this approach still ok? Let’s make sure we are going down the right path, or is there a different path we should be looking at? 2) The core funding has been restored along with the additional \$1 million which will be distributed. There are a few agencies that stopped providing services in the past few years. DHSS staff stepped in and provided those services to fill the gap until the funding could be returned to those previous levels. Now that the funding has returned to previous amounts, the need is still there to work toward additional general revenue funding. In spite of the economy, public health is finally getting 	<p>DAC members to solicit feedback and email Harold.Kirbey@health.mo.gov</p>
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	<p>traction, maybe because of recent national events such as Ebola. It would help if Harold didn't have to have the conversation with legislators and the Governor's Office as to why DHSS staff is still providing some core services in some counties instead of LPHAs. It is apparent that we cannot use the financial excuse any longer. When there is a problem the state wants to be there to assist, but Harold believes there are entities that have the ability to pick up services again, but have not. There needs to be a structured approach for jointly discussing a plan to address a gap in local service provision when temporary circumstances arise. Jodi Waltman discussed barriers regarding emergency response for food related truck wrecks. Harold believes that now may be the time to address as a system. Bert talked about how the Kansas City Health Department got their own lodging ordinance passed to address the funding barrier and are now being reimbursed for this service. Harold discussed that we need to discuss what services should be provided by local health departments, funding aside. Harold stated that there was never an expectation that core public health funds would cover all local public health costs and acknowledged that Missouri has the lowest percent of state expenditures in public health of any other state in the nation.</p> <p>Harold also shared he wants to create a Public Health Technical Institute with a joint DHSS and LPHA staff approach for training environmental, CD staff, etc. He wants to work together to develop faculty that consists of state and local practitioners and develop curriculum where new staff come in and they do the didactic and have labs done too. He would like to focus on the state</p>	
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	<p>being the facilitator for this training opportunity.</p> <p>Becky suggested tabling this discussion until the group discussed the Environmental Responses and Potential Service Changes SBAR.</p>	
<p>Environmental Responses and Potential Service Charges</p> <p><i>Nick Hughey, Director, Washington County Health Department</i></p>	<p>Nick developed the attached SBAR prior to the Governor's release of the core public health funds withhold. Nick's observation of the local public health system with the Environmental Health Operational Guidelines (EHOG) is that when something happens, rather than adhering to the guidance, LPHAs are on the telephone with the state asking what is the least we can do here. He proposed instead, that the question should be, "How do we get the maximum amount of effect with the least amount of activity to get this (situation) into compliance. Nick wants us to consider not only where LPHAs can charge money but also where can they save money or reduce workloads. He suggested a review of the EHOG with revisions to reflect activities that are both appropriate and responsible for public health environmental emergency response. Nick believes with a workgroup we could come up with a one-year comprehensive plan and reach out to the legislature and other stakeholders for this source of income.</p> <p>Another potential billable service is the food recalls, perhaps targeting high-volume food recalls and/or enteric contaminated product, being aware of not wanting to disincentivize companies from reporting recalls. This could be an incentive towards prevention too.</p> <p>Becky asked Bert Malone about possibility of the MoALPHA Collaboration Committee participation with this workgroup. Bert believes one issue would be the Hancock amendment with revenue generation. Bert suggested soliciting volunteers for this workgroup.</p>	<p>SBAR Attachment</p> <p>Becky, Nick, Harold and Jo will discuss scope for workgroup.</p>

<p>SB 525 (Chili Supper/Cottage Food Bill) <i>Becky Hunt, Administrator, Madison County Health Department</i></p>	<p>Becky acknowledged that everyone recognizes this is not good legislation on this bill, but to get it changed we will need the data. The law requires collection of data related to complaints against cottage food operations, but it's not clear who is to collect the complaints. A discussion is needed between DHSS and LPHAs in order to establish a uniform method for LPHAs to track complaints against cottage food operations and make DHSS aware of these complaints related to sale of the products not allowed to be regulated. Becky realizes that this may be a two year process. She suggested that ingredient labeling changes also be considered in future.</p> <p>The question was raised on the actual definition of a nonprofit. Harold stated that the statute does not define. There was further discussion regarding how some agencies are developing their own guidance requiring that entities provide proof of documentation of nonprofit status. Harold indicated that DHSS had sought programmatic guidance from the Office of General Council who indicated the department could not provide legal advice to local entities.</p>	<p>DHSS needs to create, with input from the LPHAs, a process to collect statewide aggregate complaints from LPHAs from cottage food.</p>
<p>Closing Remarks/Discussion</p>	<p>Larry Jones announced his retirement will be January 5, 2015 after 44+ years of service in public health. Becky and the group congratulated him and thanked him for his service.</p>	
<p>Next Meeting:</p>	<p>February 18, 2015</p>	